



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dlp.vermont.gov>

Survey and Certification Voice/TTY (802)-241-0480

Survey and Certification Fax (802)-241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 27, 2016

Daniel Daly, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Mr. Daly:

The Division of Licensing and Protection completed a complaint investigation at your facility on **September 20, 2016**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that requires a commitment to correct but does not require that you submit a written plan of correction.

Please sign, date and indicate your title on the bottom of the deficiency statement and return this report no later than **October 10, 2016**.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 09/20/2016 |
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| NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURNE BAY EAST | STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|--|---------------------|--|--------------------------|
| R100 | Initial Comments: An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/20/2016. The following regulatory issue was identified: | R100 | | |
| R171 SS=A | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the residence failed to assure that medications, ordered by the physician, were | R171 | | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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|---|---|--|--|--|---|
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| R171 | Continued From page 1 administered to 1 of 3 residents in the applicable sample. (Resident # 2). The specifics are detailed below: Per medical record review on 09/20/2016, Resident # 2 was admitted to the home on 09/12/2015 with multiple co-morbidities, including heart disease, ulcer disease with hemorrhage, cancer, chronic constipation, chronic pain and anemia. S/he was admitted to Hospice services 04/14/2016 due to a declining medical status and for pain control. A physician order, dated 6/24/2016 indicates an increase in Miralax (given for bowel management) from 2 Tablespoons daily by mouth to 3 Tablespoons daily by mouth. Per review of the medication administration record (MAR), the newly implemented order change did not occur until 6/26/2016. There are standing orders to use a glycerin suppository if there is no bowel movement after 4 days. According to the medical record notes and the LNA bowel sheets, Resident # 2 had bowel movements on 06/23, 06/26 and 06/29/2016. The increase in Miralax was ordered because there was an increase use in oral morphine to manage pain for Resident # 2. The Director of Nurses confirms, during interview at 2:15 PM that the miralax continued to be given as originally ordered and that the changed dose did not begin until 6/26/2016. | R171 | | | |